PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the Proposed for a collection of information under it discharge update any proposed for a collection of information under it discharge update.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/601,689			ing Date 23/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
\vdash	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD NO.	N/A		N/A	TLL (0)	ı	N/A	TLL (0)	
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A		
$\overline{}$	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	IS .	minus 3 = *				x s =		Oit	x s =		
	CFR 1.16(h)) APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	specificates of paper 150 (\$125 ional 50 s	gs exceed 100 on size fee due for each in thereof. See CFR 1.16(s).		^* -			^* -			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
										ER THAN		
AMENDMENT	02/12/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	• 5	Minus	- 32	= 0	l	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
,									OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1801)		Minus		-	l	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***	-	1	x \$ =		OR	x s =		
		ize Fee (37 CFR 1	.16(s))			l			l			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Ţ.,	the entre in entre	d in laws then "		0	andrews 2	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: 'If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". ''If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". ''If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in it is lief land by the LISPTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.